



DEPARTMENT OF THE NAVY
COMMANDER NAVY REGION SOUTHWEST
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IN REPLY REFER TO:

COMNAVREGSWINST 12810
N01CP

APR 28 1999

COMNAVREGSW INSTRUCTION 12810

Subj: FEDERAL EMPLOYEES COMPENSATION ACT (FECA) PROGRAM

Ref: (a) CINCPACFLTINST 12810.1
(b) OPNAVINST 12810.1
(c) DOD Directive 1400.25-M
(d) CA-810

Encl: (1) Procedures Manual

1. Purpose. To affirm command policy regarding the Federal Employees Compensation Act (FECA) program and to provide program guidance consistent with the requirements of references (a) through (d). A uniform operating procedure has been developed to assist managers, supervisors, and employees in understanding and fulfilling their responsibilities under the Act. Guidance set forth in enclosure (1) is consistent with requirements established by the Act, and regulatory requirements of references (a) through (d), and other directives relating to FECA procedures. Enclosure (1) sets policy which further strengthens the management and administration of the FECA program. Pertinent information has been consolidated to:

- a. Provide a source of reference to resolve questions when unusual circumstances occur;
- b. Minimize the need for verbal guidance;
- c. Ensure timely, standardized submission of properly executed claim forms and related documentation.

2. Cancellation. This instruction applies to COMNAVREGSW and all serviced activities, therefore, all FECA instructions are hereby cancelled and superseded by this instruction.

3. Background. Over the past three years, the Navy's total compensation costs (medical/monetary compensation/death benefits) for the Navy reflect a decrease in costs. COMNAVREGSW supports these efforts and is therefore placing a greater emphasis on continuing cost-containment efforts, through intensive case management, controversion of questionable claims, and assertive return-to-work and light duty programs.

4. Accountability. This instruction applies to COMNAVREGSW and serviced activities.

5. Background. Over the past three years, the Navy's total compensation costs (medical/monetary compensation/death benefits) for the Navy reflect a decrease in costs. COMNAVREGSW supports these efforts and is therefore placing a greater emphasis on continuing cost-containment efforts, through intensive case management, controversion of questionable claims, and assertive return to work and light duty programs.

6. Policy. It is the policy of COMNAVREGSW that all serviced activities provide utmost support and share a commitment to this program and compensation containment efforts. Periodic reports will be required and program implementation will be evaluated during Inspector General visits.

7. Program Objectives

a. Establish a FECA program that will ensure all injured workers receive the best possible medical attention, including prompt filing of necessary claim forms.

b. Increase the awareness of the command in this highly visible program through training, reports and statistical summaries.

c. Substantially lower injury compensation costs, including medical costs, costs of vocational rehabilitation, long-term compensation, and death benefits. Prosecute fraudulent claims, as necessary.

d. Continuously review and ensure the annual compensation chargeback bill accurately reflects those charges that are appropriate for each activity serviced.

7. Responsibilities. Per reference (a), Commanding Officers and heads of activities, Human Resource Directors, Injury Compensation Program Administrators, managers and supervisors, and employees all play vital roles in administering the FECA program. This includes, but is not limited to, safety in the workplace, prompt medical attention to injured workers, compensation benefits, death benefits, cost containment efforts, and return-to-work.

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8. Action. It is imperative that all commands, regardless of size or current compensation costs, take affirmative administrative action to improve FECA program management and control injury compensation costs. Individuals tasked with the responsibility of administering the FECA program must be personally aware of their responsibilities as outlined in references (a) through (d). It is critical that emphasis be placed on controlling compensation costs by preventing job-related injuries and illnesses, retaining injured employees in limited or light duty assignments during recovery, improving case management, contesting fraudulent claims, and returning rehabilitated workers to productive jobs within their physical capabilities as soon as possible.

a. Enclosure (1) is furnished as a guide for supervisors to use in preparation of forms required to process claims under the FECA program. References (a) through (d) are available in the Human Resources Office, Injury Compensation Branch, Code N00CP35, for additional study as deemed necessary to ensure a thorough understanding of the FECA and claim processing procedures.

b. Supervisors will ensure personnel under their cognizance have ready access to the information contained in enclosure (1) and comply with the guidance outlined therein.



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COMNAVREGSWINST 12810

FEDERAL EMPLOYEES COMPENSATION ACT (FECA) PROGRAM
PROCEDURES MANUAL

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FEDERAL EMPLOYEES COMPENSATION ACT PROGRAM

1. INTRODUCTION

These procedures have been developed to provide you with an understanding of your role and responsibilities under the Workers' Compensation Program. This program is in direct support of the Federal Employee's Compensation Act (FECA).

The FECA, as amended, provides for the payment of workers' compensation benefits to employees of all branches of the Government of the United States. The FECA provides for payment of dollar benefits to identified persons who are injured or disabled while in the performance of their official duties in service to the United States and to such persons who become sick or disabled as a result of their employment with or service to the United States. Benefits provided include wage replacement benefits and medical coverage for employees injured in the course of their employment and wage replacement for survivors of deceased employees. The intent of the FECA is to provide benefits to injured employees in a timely manner, without the delays and costs associated with litigation through the legal system. Decisions issued under the authority of the FECA are not subject to judicial review.

Authority and responsibility for the administration of the FECA is assigned to the Secretary of Labor. Responsibility for administration of the FECA has been delegated to the Office of Workers' Compensation Programs (OWCP). The OWCP is the exclusive authority to decide whether the employee, or a claimant acting on behalf of the employee, is entitled to benefits under the FECA. In effect, the law does not allow us to deny benefits of the FECA to an employee except in specifically identified situations relative to the denial of Continuation of Pay (COP) following a traumatic injury. The costs of medical care and wage loss benefits provided under the FECA are paid from the Compensation Fund. Those costs are then billed to the employing agencies for reimbursement to the Compensation Fund.

A Federal employee who is injured while in the performance of duty has no right to recover damages from the United States or the activity for the effects of the injury except through the FECA. The benefits provided by the FECA constitute the exclusive remedy for work-related injuries or deaths.

For many years agencies viewed their role in the compensation program as a passive process; obtaining and submitting appropriate forms to the OWCP, and allowing the OWCP to assume all responsibility for the administration of the compensation program. However, the realization that OWCP cannot police all claims received to ensure costs charged to the agencies are minimized, has prompted agencies to take an active part in the claims management process. OWCP pays for all compensation benefits, except for continuation of pay, which the agency pays. The Department of Labor (DOL) periodically submits a bill to the Department of the Navy (DON) for all expenditures they made on behalf of activity employees. This bill includes an administrative charge of approximately six-percent above actual costs. Therefore, it behooves each of us to learn the sections of this manual and apply them in a fair and equitable manner. By returning the injured employees to work when they are able to work and by identifying erroneous and fraudulent claims, the costs of the program can be significantly reduced.

Before the costs related to the benefits paid under the FECA can be controlled, a clear understanding of those benefits and the process followed by the OWCP in awarding benefits is required. Effective management action also requires a strong commitment to cost containment efforts, as well as the ability to initiate and enforce procedures to control injury related costs.

Enclosure (1) is designed to promote an understanding of procedures, which will assist you in understanding the management of the injury compensation program.

2. POLICY. It is COMNAVREG SW policy to:

- a. Provide full assistance to all serviced employees who sustain disabling injuries and illnesses as a result of their employment.
- b. Ensure accountability for injury compensation claims costs and increase injury compensation program awareness at all levels.
- c. Maintain assertive return to work and light duty programs dedicated to returning injured workers to their job

and/or providing light duty work. These efforts include reasonable accommodation of work-related physically and mentally handicapping conditions, as appropriate.

d. Pursue fraud and abuse in the system with prosecution, when appropriate.

e. Provide training to ensure an adequate level of technical knowledge for supervisors and personnel engaged in program administration and claims processing is periodically updated.

f. Encourage prevention of work place injuries and illnesses by complying with DON Safety and Health Policy.

g. Provide information regarding ergonomic related equipment and services available to supervisors and managers for employees suffering from work-related injuries/illness.

3. APPLICABILITY. This instruction applies to all activities serviced by COMNAVREGSW, Human Resources Office (HRO), unless otherwise stated in a servicing agreement.

4. RESPONSIBILITIES. Responsibilities are outlined in paragraph 4, a-h.

a. Commanding Officer: Responsibilities for administering the FECA program are delegated by Commanding Officers and Activity Heads to the Injury Compensation Program Administrator (ICPA), COMNAVREGSW.

b. Injury Compensation Program Administrator (ICPA), Human Resources Office(HRO) will:

(1) Ensure administration of FECA program complies with references (a) through (d).

(2) Ensure the program is publicized so that managers, supervisors, and employees have all the information they need to understand their rights and responsibilities.

(3) Counsel and assist managers, supervisors and employees in meeting their obligations under the FECA Program.

(4) Establish and maintain a tracking and recording system for proper claims management. This may include a home-visit by a field representative of any person who is expected to be off work greater than three (3) days.

(5) Conduct an assertive return to work program, which includes mandatory placement of any compensation recipient able to return to work.

(6) Conduct a light duty program, which ensures employees who are temporarily unable to perform their regularly assigned duties because of an on-the-job injury are provided appropriate light duty.

(7) Conduct an education awareness program for private sector physicians to encourage their participation in our efforts to minimize compensation costs.

(8) Refer cases of suspected fraud to Naval Criminal Investigative Service (NCIS) and Department of Labor (DOL).

(9) Arrange and conduct periodic FECA training for supervisors and managers.

(10) Review quarterly and annual chargeback reports to determine appropriateness of charges. Report discrepancies on chargeback immediately to Department of Defense (DOD) and DOL for corrections. Provide quarterly and annual reports to the command and serviced activities.

(11) Ensure copies are provided to the appropriate Comptroller Department of any requests for corrections to the chargeback. This will ensure proper payment of chargeback for the end-of-year, usually paid in October timeframe.

c. Employees (or their representative) will:

(1) Notify the supervisor immediately upon being injured. Employee will also report any illness/disease they believe is caused or aggravated by Federal employment.

(2) Obtain a Receipt of Notice of Injury, CA-1 Form, from the supervisor or the Injury Compensation Office.

(3) Obtain authorization for medical treatment prior to being treated by a private physician, if necessary.

(4) Report medical status to the supervisor no later than the next scheduled shift.

(5) Keep supervisor advised of medical/physical status.

(6) Report for duty immediately following release to full duty or light duty by the attending physician.

(7) Advise attending physician of availability of light duty and the agency's willingness to accommodate work-related limitations.

(8) Submit claim for COP or compensation and request leave (sick, annual, leave without pay) as soon as possible after the injury. This request should be provided to the supervisor, using Form SF-71, Application for Leave. Note: The submission of a compensation claim does not excuse following proper leave procedures.

(9) Provide additional information as required by ICPA, Command Investigator, Supervisor, Safety Officer, or OWCP.

d. Supervisors will:

(1) Ensure each employee who sustains a work-related injury or illness receives appropriate first aid/medical treatment; authorize subsequent medical treatment in accordance with provisions of this instruction; and provide assistance and guidance to employees as necessary.

(2) Ensure employees are aware of entitlement and responsibilities under the FECA. If additional information is needed, contact the Injury Compensation Office, Code N00CP35.

(3) Ensure the employee and medical provider is informed light duty is available to accommodate work-related limitations.

(4) Ensure employees released to light duty are utilized in the code, if possible. If not possible, supervisors will

immediately contact the department Light Duty Coordinator (LDC) and the Injury Compensation Office so placement can be made within or outside the department. **In no case will an employee, able to perform light duties, be sent home due to lack of work.**

(5) Ensure employee, witness(es), and supervisory portions of the appropriate claim forms are completed, signed and submitted, along with appropriate supporting medical documentation, to the Injury Compensation Office, Code N00CP35, as soon as possible after the injury, but no later than two days.

(6) Ensure questionable claims are controverted and submit documentation in support of claim for controversion, as appropriate.

(7) Inform employee when claim will be controverted and provide the basis for such action.

e. Department Heads will:

(1) Actively support the FECA Program.

(2) Nominate a Light Duty Coordinator (LDC) within their department, as requested.

(3) Ensure all supervisors are provided FECA training.

f. Medical Officer, Naval Hospital, Occupational Health Unit(s) will:

(1) Provide appropriate first aid and/or subsequent treatment for employees who have sustained work-related injuries or illnesses.

(2) Provide medical records and reports to the Injury Compensation Office. Maintain contact with supervisors and/or Injury Compensation Office, as appropriate.

g. Safety Manager/Industrial Hygienist(s) will:

(1) Investigate and maintain written reports of job related injuries.

(2) Conduct environmental studies and surveys in connection with compensation claims and provide report of results to the Injury Compensation Office, for transmittal to OWCP.

h. Comptroller(s) will: Ensure verification is made by the Injury Compensation Office, Code N00CP35, that bill from DFAS-KC reflects any requested corrections from DOD and DOL.

5. GENERAL PROVISIONS. The exact nature of benefits available depends upon the type and degree of injury or occupational illness sustained.

a. Medical Care/Treatment: This term encompasses medical, surgical and hospital services and supplies, as well as reasonable transportation expenses incurred in obtaining medical treatment.

Medical care/treatment is to be provided by either appropriate Occupational Health Unit or by a qualified local private physician/hospital of the employee's choice. Generally, local is defined as within 25 miles of employee's place of injury, the employing establishment, TDY station, or the employee's place of residence.

b. Election of Leave and Pay Benefits-Occupational Illness/Traumatic Injury:

(1) An employee who sustains/suffers a disabling traumatic injury or suffers an occupational injury/illness, while in the performance of duty has the right to elect to be paid sick leave (SL), annual leave (AL), leave without pay (LWOP), or any combination thereof, by submitting an Application for Leave, SF-71 to their supervisor.

(2) If an employee is released to perform light duty, and the employee refuses to work in the light duty assignment, he/she should request, and be approved the use of annual leave. Use of sick leave is not permitted when an employee has been released to perform light duty.

(3) Upon request for LWOP, the employee shall immediately apply for worker's compensation due to loss of wages. In cases of a disabling traumatic injury, an employee may elect COP,

however, is not payable for an occupational illness/disease, Form CA-2.

c. Absent Without Approved Leave (AWOL): Employees may be placed in an AWOL status if they do not provide adequate medical documentation to excuse their absence from work. Supervisors should contact the Injury Compensation Office, if this action is necessary.

d. Advanced Leave: Supervisors should use discretion when granting or permitting the use of the advance sick leave program for on-the-job injuries/illnesses. Benefits are payable through the DOL if the claim is accepted. In some cases, a person may never be able to resume full-duty, or return to even light duty, and re-payment of advanced leave by the employee would be difficult. Supervisors should notify the Injury Compensation Office, if an injured employee is participating in this program.

e. Leave Donor Program: Employees suffering from work-related injuries/illnesses may participate in the leave donor program. Supervisors should notify the Injury Compensation Office, if an injured employee is participating in this program.

f. Compensation: Benefits under FECA include compensation for wage loss, medical care and other assistance for job-related injury or death. Compensation is not payable for the same period of time an employee is receiving sick or annual leave. Compensation consists of one of three following types of payments: (1) Loss of Wages; (2) Scheduled Awards; and (3) COP.

g. Waiting Period: A disabled employee must be in a LWOP or non-pay status for three calendar days before compensation is payable. When a period of pay loss exceeds 14 days, the three-day waiting period of pay loss is waived and compensation begins concurrent with loss of pay.

h. Leave Buy-Back: An employee who is disabled from even light duty may decide to take SL, AL, or both, to avoid possible interruption of income. If the employee elects to take leave, and a claim for compensation is subsequently approved, they may (upon approval of OWCP) arrange with the employing activity to buy back leave used and have it reinstated to the appropriate leave account. However, repurchase of leave is subject to agency concurrence. This instruction authorizes employees to buy back leave only when: (1) employee has returned to full duty to the

position description held at the time of injury; (2) is employed in the same serviced activity where the injury occurred; and (3) the employee applies for leave buy-back within six months from the date of returning to full duty.

i. Time Limits: An employee or employee's representative must provide the supervisor with written notice of injury as soon as possible after the injury. Failure to do so may result in disciplinary action to the employee. COP may be disrupted if an employee sustaining a traumatic injury does not give notice to the immediate supervisor within two days following the injury. Written notice must be provided within 30 days following the injury to be entitled to COP.

For injuries and deaths on or after September 7, 1974, the law provides that a claim for compensation must be filed within three years of the injury or death. Even if claim is not filed within three years, compensation may still be allowed if written notice of injury was given in 30 days, or, the immediate supervisor had actual knowledge of the injury or death within 30 days after occurrence.

j. Medical Evidence: An injured employee may be required to submit to examination by the Occupational Health Unit or a duly-qualified private physician approved by OWCP, at such times as OWCP and/or the employing activity deem necessary. Medical reports must meet regulatory requirements of FECA to be considered valid.

k. Return to Work Benefits: An employing activity is required to return employees to their former jobs or equivalent jobs should they fully recover from their work-related injury or disability within one year after the date compensation begins. Employees are also assured of all other attendant rights, which they would have had, or acquired in their former positions had they not been injured or disabled, including the right to tenure, promotion consideration, and safeguards in reduction-in-force procedures.

l. Restoration Rights: When an employee fully recovers from an injury or disability more than one year after they begin receiving compensation, they are entitled to priority consideration provided application is made within 30 days of the date compensation ceases.

m. Length of Service Benefits: The entire time during which an employee receives compensation is creditable for purposes of within-grade increases, retention rights, etc. Should the employee resume Federal employment after being separated from employment while in receipt of compensation they may receive service credit for the entire period in which compensation was received.

n. Granting Leave Without Pay (LWOP): The Office of Personnel Management (OPM) urges activities to grant LWOP to an employee injured or disabled as a result of an on-the-job injury/illness for at least the first year in which the employee first began receiving compensation under FECA. LWOP may be limited to less than one year if the disability is total and permanent. Employees who fully recover within one year of beginning compensation are entitled to restoration to their former position or equivalent, regardless of whether they are still on the agency rolls.

o. Re-employment Priority List: A permanent employee who is separated because of a compensable injury or disability, where recovery takes more than one year from the time the employee began receiving compensation, is entitled to be placed on the DON Re-Employment Priority List. Each employee who has not declined assignment to a full-time, non-temporary, competitive position at a representative rate equal to or above that held when separated, is to be considered for all positions for which they are qualified and available. Employee is also entitled to register in and be accorded benefits under OPM's Displaced Employee Program.

6. PENALTIES

a. Any person who knowingly makes, or knowingly certifies to, any false statement, misrepresentation, concealment of fact, or any other act of fraud with respect to a claim under the FECA, or who knowingly accepts compensation to which they are not entitled, is subject to criminal prosecution and may, under appropriate U.S. Criminal Code provisions (i.e., 18 USC 187 and 1001), be punished by a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both.

b. Any person who, with respect to a claim under the FECA, enters into any agreement, combination, or conspiracy to defraud

the United States by obtaining or aiding to obtain the payment or allowance of any false, fictitious or fraudulent claim is subject to criminal prosecution and may, under appropriate U.S. Criminal Code (i.e., 18 USC 286) be punished by a fine of not more than \$10,000 or imprisonment for not more than 10 years, or both.

c. Any person charged with the responsibility of making reports in connection with an injury who willfully fails, neglects, or refuses to do so; induces, compels, or directs an injured employee to forego filing a claim; or willfully retains any notice, report, or paper required in connection with an injury, is subject to a fine of not more than \$500 or imprisonment for not more than 1 year, or both.

7. DEFINITIONS

a. Chargeback: System of billing the Department of Navy (DON) for payments related to OWCP approved claim.

b. Claim: An assertion in writing of an individual's entitlement to benefits under or pursuant to the Federal Employees' Compensation Act (FECA).

c. Claimant: An individual whose claim for compensation benefits has been filed in accordance with the FECA.

d. Continuation of Pay (COP): Continuation of an injured employee's regular pay for a period not to exceed forty-five (45) calendar days when the employee stops work because of a disabling, job-related traumatic injury. The use of COP must be supported by medical documentation and must be used within forty-five (45) days from the date of injury. In some cases, COP may continue beyond the 45th day. Contact the Injury Compensation Office, Code N00CP35, for guidance on this issue.

e. Controvert: The action taken to dispute or oppose an employee's claim for COP by providing a statement which indicates the reported traumatic injury does not meet the criteria for COP benefits. Situations where any agency may properly controvert and terminate an employee's COP are listed on the Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (Form CA-1).

f. Dependent: A spouse living in the employee's household or dependent upon the employee for support; an unmarried child

under 18 years of age or, if age 18 or over, incapable of self-support; or a wholly dependent parent. Unmarried children under 23 years of age who are full-time students may qualify if they have not completed 4 years of schooling beyond the high school level. Unmarried brothers or sisters (stepbrothers and stepsisters, half brothers/sisters, brothers/sisters by adoption) who at the time of the death of the employee are under 18 years of age or over that age and incapable of self-support.

g. Employee

(1) A civil officer or employee in any branch of the Government of the United States, including an officer or employee of an instrumentality wholly owned by the United States;

(2) An individual rendering personal service to the United States similar to the service of a civil officer or employee of the United States, without pay or for nominal pay,

when a statute authorized the acceptance or use of the service, or authorizes payment of travel or other expenses of the individual;

(3) Does not include non-appropriated fund employees.

h. Light Duty Program: A temporary working status in which an employee is used productively at less than the full range of performance required in his/her position within physical limitations prescribed by a Federal medical officer or the employee's personal physician. In accommodating a person with work-related physical limitations, it may be necessary for the supervisor to adjust an employee's work schedule, this may include, but is not limited to hours of work and shift adjustments. Note: Supervisors should use discretion when an employee on light duty has requested or is expected to work overtime. Working overtime maybe in excess of the physician's recommendations of light duty. Contact the Injury Compensation Office, Code N00CP35, for guidance, if an injured worker will be expected to work beyond their regular schedule.

i. Medical Report: A written statement, signed by the attending physician, specifying the period of an employee's total and/or partial disability from his/her usual employment.

j. Monetary Benefits: Payable by DOL/OWCP under the FECA, to an employee or his/her dependents as a result of a traumatic

injury or occupational disease/illness or death. Scheduled awards are payable for disability/impairments of permanent nature.

k. OWCP: Office of Workers' Compensation Programs, the office within the DOL, which maintains overall responsibility for the administration of FECA.

l. Non-Traumatic Injury (Occupational Illness): An occupational disease or illness which may be produced by systemic infections; exposure to toxin, poisons, fumes, etc.; and other continued and repeated exposure to conditions of the work environment over a long period of time (exceeding one work shift).

m. Partial Disability: An injury or illness which prevents an employee from returning to his/her usual employment, but does not prevent the employee from pursuing gainful employment in another available occupational area.

n. Periodic Roll: A pay system used by OWCP whereby the employee automatically receives pay for prolonged disability cases and death cases every twenty-eight (28) days.

o. Permanent Total Disability: Disability, which is permanent in nature and total in quality. OWCP rarely declares injured employees permanently and totally disabled; only in catastrophic injuries or long-standing chronic conditions is this course considered, and then only after all attempts to re-employ and/or rehabilitate the employee have been exhausted.

p. Physician: For purposes of the FECA, and for the purpose of identifying authorized physicians from whom medical report will be accepted, the term "physician" includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors and osteopathic practitioners within the scope of their practice as defined by state law. The term "physician" includes chiropractors only to the extent their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation, as demonstrated by x-ray to exist. Naturopaths, faith healers, and other practitioners of the healing art are not recognized as physicians within the meaning of the law.

q. Proximately Caused: Generally, the disease or illness was due to or aggravated by conditions of the employee's Federal employment.

r. Recurrence: The reappearance of the symptoms/pains of a previously reported or accepted injury - either traumatic or occupational. The recurrence must not have been caused by a specific act or series of acts, it must have been caused only by the reappearance of the original symptoms for no identifiable cause. Specifically, the recurrence must involve:

(1) A new period of disability after returning to work from an earlier period of disability.

(2) An initial period of disability if the employee continued working following the original injury.

s. Return to Work Program: Return to work into a position which will be considered to be the usual and customary position of an employee. This position is not considered as a light duty assignment, but rather the actual position the person is truly holding. Return to work should be attempted as soon as medical evidence is obtained by the treating physician.

t. Scheduled Awards: A schedule of compensation provided for specified periods of time for the permanent loss or the impairment of each of certain limbs, organs, or functions of the body or for serious disfigurement of the head, face or neck.

u. Total Disability: (Temporary or Permanent) - An injury or illness which prevents an employee from performing work of any kind.

v. Traumatic Injury: A wound or other condition of the body caused by external force including strain. The injury must be:

(1) Identifiable as to time and place of occurrence and member or function of the body affected.

(2) Caused by a specific event or incident, or series of events or incidents, within a single day or work shift.

(3) May include damage to or destruction of prosthetic devices or appliances.

8. ABBREVIATIONS

- a. AL - Annual Leave
- b. SL - Sick Leave
- c. COP - Continuation of Pay
- d. DOL - Department of Labor
- e. FECA - Federal Employees Compensation Act
- f. ICPA - Injury Compensation Program Administrator
- g. LDC - Light Duty Coordinator
- h. OWCP - Office of Workers Compensation
- i. RTD - Return to Duty
- j. RTW - Return to Work Program
- k. AWOL - Absent without approved leave
- l. DOI - Date of injury

9. NOTICE OF INJURY OR ILLNESS BY EMPLOYEE

a. Traumatic Injury

(1) When an employee sustains a traumatic injury in the performance of duty, that employee shall be authorized by the immediate supervisor to obtain first aid.

(2) The injured employee, or employee representative, must then give a written report, on Form CA-1, to the supervisor.

(3) The employee must indicate in Block #16 of Form CA-1 whether he/she elects to be placed on sick and/or annual leave or claim COP for the period of disability.

(4) To be eligible for COP, the employee must file his/her completed portion of Form CA-1 with the immediate supervisor within 30 days following the injury. (To avoid possible interruption of pay, the form must be filed within two working days and preliminary supporting evidence must be provided within ten working days). If form CA-1 is not filed within 30 days, an employee may elect sick/annual leave or LWOP and file a claim for compensation, if the employee remains totally disabled from light duty.

b. Occupational Disease or Illness

(1) Should an employee feel he/she has been exposed to an occupational disease/illness they should immediately advise the supervisor.

(2) The supervisor will advise an employee (or his/her representative) who is claiming a disease or illness proximately caused by conditions of Federal employment, that he/she must give written notice on Form CA-2, along with the information requested in the appropriate occupational disease/illness checklist, to the Injury Compensation Office, as soon as possible, but within three years after becoming aware of the disease/illness and the possible relationship to Federal employment.

(3) Upon reporting the disease/illness, the employee may be authorized to obtain medical treatment by the Occupational Health Unit or a qualified private physician.

c. EXAMPLES

(1) TRAUMATIC INJURY

- * Employee steps in hole, breaks right ankle
- * Employee bends to pick up tool box, feels sharp pain in lower back
- * Employee opening a box, cuts right hand

SPECIFICALLY, WHEN YOU CAN PIN POINT AN INCIDENT/ACTION WHICH CAUSED THE INJURY, THEN IT IS A TRAUMATIC INJURY. SUPERVISORS MUST ENSURE A CA-1 FORM IS COMPLETED AS REQUIRED AND FILED IN THE INJURY COMPENSATION OFFICE.

(2) OCCUPATIONAL DISEASE OR ILLNESS

- * Hearing Loss
- * Asbestosis
- * Carpal Tunnel Syndrome
- * Psychiatric (Stress)

SHOULD A NON-SPECIFIC INCIDENT OCCUR DURING A SINGLE WORKSHIFT A CA-2 MUST BE FILED. SUPERVISOR SHOULD PROVIDE THE EMPLOYEE A CA-2 AND THE APPROPRIATE CHECKLIST FOR THE CLAIMED CONDITION.

10. REPORT OF INJURY OR ILLNESS BY SUPERVISORS

a. Traumatic Injury

(1). All accidents occurring on-the-job should be investigated immediately by the immediate supervisor. Should there be any doubt as to the validity of the claim, the command investigator and Safety Officer should be notified so that a thorough investigation may be conducted. The investigation should include inspecting the site of the accident, noting any unsafe condition, interviewing the injured party, taking statements from witnesses, and determining if the appropriate safety procedures or willful misconduct occurred. Facts obtained during the investigation will either support or controvert an injury claim.

(2) When an employee sustains a traumatic injury in the performance of duty, the supervisor will:

(a) Secure the first aid necessary to relieve the injured employee's immediate distress, i.e., advising the employee that treatment is available at the Occupational Health Unit.

(b) Advise employee of their right to elect COP or use sick or annual leave, if the injury is disabling. The employee's hours of work, type of work, and absence from work will be recorded on the agency's Leave Breakdown sheet. Contact the Injury Compensation Office, Code N00CP35, for guidance, if necessary.

(c) Provide the employee a Form CA-1 for completion. Should the employee need immediate medical attention, the CA-1 may be completed after medical treatment has been received. It is suggested a family member, a friend, act as the representative. A supervisor may complete the form for the employee if it is absolutely necessary.

(d) Provide instructions/assistance to the employee on the completion of Form CA-1. When the CA-1 is completed, the supervisor will review the form for accuracy, details, and completeness. Corrections may be made only by the employee or their representative. All changes will be initialed by the person making the changes, not the supervisor. The employee is responsible for providing any additional information/medical documentation needed to substantiate the claim. Additional information requested maybe submitted as an attachment to the Form CA-1.

(e) Complete the "Receipt of Notice of Injury" attached to the Form CA-1 and return it, along with the privacy act statement, to the employee and will instruct him/her to retain the receipt as evidence the claim was submitted.

(f) Provide the basis for controversion of COP, if applicable.

(g) Submit the original, completed Form CA-1, together with any other pertinent information and data relating to the injury, to the Injury Compensation Office, Code N00CP35, within two working days following receipt of the completed CA-1.

b. Occupational Disease or Illness

(1) Upon receiving notice an employee believes they have been exposed to an occupational illness/disease, the supervisor will:

(a) Provide the employee a Form CA-2 and appropriate checklist for completion. Should the employee need immediate medical attention, the CA-2 may be completed after medical treatment has been received. It is suggested a family member, a friend, act as the representative, as they more than likely will have knowledge of the condition. A supervisor may complete the form for the employee if it is absolutely necessary.

(b) Ensure the employee understands it is his/her responsibility to provide adequate medical documentation to support the claim and FECA benefits are not authorized for occupational disease or illness until the claim has been evaluated and approved by the OWCP. Once approved, the employee will be reimbursed for medical expenses incurred relative to the illness/injury.

(c) When the CA-2 and checklist are completed by the employee, the supervisor will review the form for accuracy, details, and completeness. Corrections may be made only by the employee or their representative. All changes will be initialed by the person making the changes, not the supervisor. The employee is responsible for providing any additional information/medical documentation needed to substantiate the claim. Additional information maybe submitted as an attachment to the Form CA-2.

(2) Employee must submit completed Form CA-2 and any additional information to the Injury Compensation Office.

11. OBTAINING MEDICAL CARE

a. Authorizing Examination and Treatment

(1) Issuance of Form CA-16 commits the Federal government to payment of medical examinations and/or treatment. Once issued, it may be used as the authority for unlimited medical care for a period of 60 days thereby obligating OWCP and ultimately the agency, to pay the resulting medical bills. Supervisors must exercise extreme caution before issuing this form.

(2) A Form CA-16 is most commonly issued following a traumatic injury when medical care is required. A Form CA-16 authorizes care for a period of 60 days when symptoms or disability recur after an employee has been discharged from medical treatment if it can be reasonably inferred such symptoms or disability are the result of an injury previously recognized as compensable by OWCP; the place of employment is the same as at the time of injury; and the recurrence is less than 90 days after the employee last returned to work. Treatment must be by the original treating physician or medical facility. A Form CA-16 should not be issued to a chiropractor for an injury other than a back injury. A chiropractor may only treat, by manipulation of the spine, back injuries, which cause subluxation as demonstrated by X-ray. If an employee elects to see a chiropractor for an injury to a part of the body other than the back, he/she may do so at his/her own expense. Form CA-16 may not be issued in this case. Medical reports from a chiropractor for treatment to a part of the body other than the back are not acceptable for certifying disability, and the bill will not be honored by OWCP. When in doubt as to whether or not to issue a Form CA-16 contact the Injury Compensation Office, Code N00CP35.

(3) All charges for medical, hospital, surgical, or other treatment, or appliances and supplies furnished to injured employees supported by medical evidence shall be forwarded promptly to the Injury Compensation Office, for submission to OWCP. Doctor bills submitted for payment must be on Form HCFA-1500. Hospital bills do not have to be submitted on this form; however, they must be itemized.

b. Traumatic Injury

(1) The supervisor shall immediately authorize first aid examination, and subsequent medical treatment if necessary, for an employee injured on the job by issuing appropriate documentation as indicated in the following paragraphs.

(2) The injured employee has the option to receive first aid from an Occupational Health Unit/Navy Hospital, and to initially select a duly qualified private physician/hospital, within 25 miles of place of employment or residence. However, a physician who is debarred from FECA program as provided in the 20 CFR 10.45-457 may not be authorized to examine or treat an injured Federal employee. Contact the Injury Compensation Office, Code N00CP35, to obtain the most recent list issued for medical providers excluded from the FECA.

(3) If the employee notifies the supervisor within 24 hours of the injury and elects to be treated by a private physician/hospital, the supervisor will issue Form CA-16 within four (4) hours of the request, along with a Form WRE-5 (old Form CA-17), to the employee's chosen physician. A Form CA-16 cannot be issued for change of physician. Often an employee requests permission to change doctors because they are not satisfied with the treatment being received; however, the law is specific in this instance and only OWCP can authorize a change. Normally, any second opinion must be obtained at the employee's expense.

(4) Item 6a of Form CA-16 is to be checked when the supervisor has personal knowledge or has been informed the employee was injured in the performance of duty. When item 6a is checked, Form CA-16 authorizes all necessary treatment with the exception of elective surgery.

(5) Item 6b of CA-16 is to be checked by the supervisor when there is doubt the employee's disability was caused by an injury while in the performance of duty. When item 6b is checked, Form CA-16 only authorizes limited examination of the employee ("non-surgical diagnostic study") and conservative treatment pending further advice from the employing activity. When item 6b of the Form CA-16 is checked by the supervisor, controversion of an employee's claim for COP may be in order.

(6) When a report of injury and request for medical treatment is made more than twenty-four (24) hours after the

injury was sustained, prior approval must be obtained from the Injury Compensation Office before a CA-16 can be issued. If approval is not granted, the supervisor will issue Form CA-20 and Form WRE-5 (replaces Form CA-17), to the employee for completion by the attending physician. The agency may refuse to issue a CA-16 if more than a week has passed since the injury on the basis that the need for immediate treatment would normally have been apparent in that period of time.

c. Occupational Diseases or Illness

(1) Form CA-16 cannot be issued for examination or treatment, for a disease or illness claim (Form CA-2), unless the Injury Compensation Office receives prior approval by OWCP. When a claim has been submitted for an occupational disease, FECA benefits are not authorized until the claim has been approved by OWCP.

d. Emergency Treatment

(1) Traumatic Injury

(a) Depending upon the circumstance surrounding the medical emergency, the employee may elect to receive assistance from the nearest qualified physician/hospital. Verbal authorization for such emergency medical treatment may be given by the supervisor or the Injury Compensation Office. When verbal approval has been given, Form CA-16 must be forwarded to the medical provider within forty-eight (48) hours.

(b) Following a medical emergency, any further treatment shall be obtained as soon as possible from the employee's choice of any of the following:

1. The Occupational Health Unit/Navy medical officer/hospital
2. The physician who provided the emergency treatment
3. A qualified local physician of the employee's choice

(c) The physician providing any additional treatment after the medical emergency will then become the "Attending Physician."

(2) Occupational Disease or Illness

(a) Since occupational disease/illness is considered to develop over extended periods of time, there is no provision for "emergency" treatment.

e. Transportation

(1) Transportation costs may be reimbursed upon approval of the compensation claim by OWCP. The most cost efficient means should be procured.

(2) Such transportation normally will be within twenty-five (25) miles of employee's place of employment or residence.

(3) Reimbursement for travel expenses may be payable by DOL when transportation to obtain medical care is not furnished by the Government. Travel expenses should be claimed using the Travel Voucher, SF-1012. The SF-1012 should be returned to the Injury Compensation Office, Code N00CP35, for processing to the DOL for reimbursement.

12. MEDICAL REPORTS

a. A medical report from the attending physician must immediately be provided to OWCP in all reported traumatic injury and occupational disease/illness cases. A medical report may be any one of the following:

(1) Attending Physician's Report, (Part B of Form CA-16): The Form CA-16 is issued by the supervisor and is only to be issued when the employee is initially referred to a physician for medical care following an injury. The Form CA-16 form authorizes payment for treatment and can only be issued by the supervisor or agency representative. In an emergency, where there is no time to complete a Form CA-16, the agency may authorize medical treatment by telephone and then forward the completed form to the medical facility within 48 hours. Retroactive issuance of Form CA-16 is not permitted under any other circumstance.

(2) Attending Physician's Report, (Form CA-20): The Form CA-20 is used to obtain medical information after the initial medical treatment has been performed. The employee must submit a Form CA-20 for each treatment performed by the attending physician. The CA-20 is to be issued instead of a CA-16 when the employee does not report the injury within the allowed time limit or has already received initial medical care.

(3) Work Restriction Evaluation (WRE-5): The Form WRE-5 (replaces Form CA-17) is used for by the physician providing care to the employee to document the employee's ability to work in a light duty assignment. The form provides documentation of the employee's physical restrictions. As an alternative, Form CA-17 may still be used, however, it does not provide as much information at the WRE-5.

(4) A Narrative Report on the physician's official stationary or in the form of an emergency room summary, which includes the following:

(a) Dates of examination and treatment.

(b) History of injury given by the employee.

(c) Detailed description of findings.

(d) Results of all diagnostic tests.

(e) Diagnosis.

(f) The doctor's opinion as to whether disability is in any-way related to the history of the injury as provided by the employee.

(g) The doctor's opinion, with reasons for such opinion, as to why surgery is needed, if applicable.

b. Only reports having the Physician's original signature will be accepted.

c. Where COP is allowed the supervisor and/or Injury Compensation Office may require additional medical evidence from the treating physician concerning the employee's current duty

status. Form WRE-5 may be requested as often as circumstances warrant. In addition, the employee may be directed to obtain an additional evaluation. Under certain circumstances, more than one medical report may be required by OWCP.

13. CONTINUATION OF PAY (COP)

a. Traumatic Injury

(1) An employee is entitled to receive COP when he/she is absent from work due to disability to obtain medical treatment, or he/she is reassigned by formal personnel action to a position with a lower rate of pay due to partial disability.

(2) In most cases, DOL will permit 30 minutes travel to the medical appointment and 30 minutes travel from the medical appointment. The usual time for a regular medical appointment is two to three hours. DOL will, except in unusual circumstances, only reimburse a total of four hours for medical appointments. Any time beyond four hours, the employee should request, and have approved by the supervisor annual leave.

(3) If the employee has stopped work because of the disabling effects of the injury, the period for COP begins with the first day or shift of disability or medical treatment following the injury, provided the absence began within 90 days after the injury.

(4) The employee will remain in a pay status for any fraction of a day or shift on the day of the injury with no charge to the 45-day period. However, if the employee stops work for only a portion of a day or shift other than the date of injury, that day or shift will be considered as one calendar day for purposes of counting the 45 calendar days. The 45 days of COP include off-days and holidays, which are spanned by the period(s) of total disability. It also includes those days a person returned to light duty and could only work less than his/her normal daily hours. The maximum number of days allowable for the injury and any recurrences is a total of 45 calendar days. Pay calculations for COP will include night differentials and Sunday premium pay if the employee normally receives such pay.

b. Occupational Disease or Illness: Employees who have sustained an occupational disease or illness are not entitled to COP. They may file a claim for compensation, however, benefits are awarded in a different manner. Instructions on filing an occupational disease or illness claim are covered in paragraph 9(b) of this enclosure.

c. Controversion

(1) The supervisor will, on the basis of information submitted by the employee, or obtained upon investigation, controvert the employee's claim for COP if the claim falls into one or more of the categories listed below:

(a) The disability is a result of an occupational disease or illness.

(b) The employee comes within the exclusion of 5 U.S.C. 8101(1) (b) or (e) (which refers to persons serving without pay or nominal pay).

(c) The injury occurred off the employing activity's premises and the employee was not involved in official "off premises" duties.

(d) The employee caused the injury by his/her willful misconduct, or intended to bring about his/her injury or death or that of another person, or the employee's intoxication was the proximate cause of the injury.

(e) The injury was not reported on a form approved by OWCP (usually a Form CA-1) within 30 days following the injury.

(f) Work stoppage first occurred forty-five (45) days or more following the injury.

(g) The employee initially reports the injury after his/her employment has terminated.

(h) The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, work Study Programs, or groups covered by special legislation.

(2) The supervisor shall controvert a claim if it falls under one or more of the categories listed above by completing item 35 on Form CA-1 and immediately submit detailed information in support of the controversion to the Injury Compensation Office for transmittal to OWCP.

(3) When the employee's regular pay is continued after the employee stops work because of disabling injury, it must not be interrupted during the 45-calendar day period unless:

(a) Within ten (10) calendar days after the employee claims COP (or the disability begins, or recurs, whichever is later), the agency has not received prima facie medical evidence which indicates the employee is disabled for the job held at the time of injury and the injury is work related.

(b) The activity receives medical information from the attending physician stating the employee is no longer disabled.

(c) Evidence is received from the attending physician that the employee is partially disabled and the employee refuses suitable work offered by the agency or fails to respond to the offer within 5 work days.

(d) The employee's scheduled period of employment expires or is otherwise terminated, except where termination results from disciplinary action where notice of final action is not issued prior to date of injury.

(e) The activity receives notification from OWCP, that pay should be terminated.

(f) The 45-calendar day period has expired.

14. CLAIM FOR DISABILITY COMPENSATION

a. Traumatic Injury

(1) In order to provide continuity of payment when disability continues beyond 45 days, the employee and supervisor must contact the Injury Compensation Office for completion and filing of Form CA-7, on the 30th day of COP for immediate transmittal to OWCP.

(2) Form CA-7 must be accompanied by a medical report showing continued disability for work beyond the end of the 45-day period.

(3) If the employee does not qualify for COP as outlined in paragraph 12(c) above, Form CA-7 must be completed and submitted to the Injury Compensation Office within three days following termination of pay.

(4) Compensation begins when the employee is disabled due to a job-related traumatic injury and has been in a non-pay status for three days.

(5) Compensation may not be paid while an injured employee receives pay for leave or COP.

(6) The employee has the right to elect whether to receive pay for leave or to apply for compensation.

b. Occupational Disease or Illness

(1) An employee sustaining an occupational disease or illness must complete and file a Form CA-7, with the Injury Compensation Office for transmittal to OWCP within ten (10) days after pay stops, or the employee returns to work, whichever occurs first.

(2) Form CA-7 can be filed at any time after the employee has filed a claim of occupational illness. However, OWCP will not pay any loss of wages until they have determined the employee's illness is job-related.

(3) Compensation will not be paid while an employee receives pay for leave.

(4) Form CA-7 must be accompanied by a medical report to support the claim.

15. CLAIM FOR CONTINUING DISABILITY COMPENSATION

a. Traumatic Injury or Occupational Disease/Illness

(1) To preclude an interruption in pay, the injured employee shall file a Form CA-8 with the Injury Compensation

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Office ten (10) days before the period claimed on the CA-7 expires. The CA-8 is used to claim compensation for additional periods of time after the initial claim (Form CA-7) has been filed, and must be submitted to OWCP, at least five (5) days before the period claimed on the CA-7 has expired.

(2) Form CA-8, supplemental medical report, and Form CA-20, must be filed by the injured employee every two weeks, through the Injury Compensation Office, during his/her disability until otherwise notified by OWCP. The Form CA-8 is used for claiming additional compensation after the initial claim has been filed. The Form CA-20 is required to substantiate the employee's continuing disability before additional compensation payments will be made to the employee.

16. LIGHT DUTY

a. Light duty is available, on a temporary basis, only to employees injured on the job that are expected to return to full duty. Types of Light Duty:

(1) Light Duty: Employee can work regularly scheduled hours in an alternative position, which meets restrictions imposed by the attending physician.

(2) Light Duty (Accommodation): Employees can work safely in their current position with restrictions.

b. Identification of Light Duty Positions

(1) Supervisors having employees in need of light duty shall contact the Injury Compensation Office to obtain a formal light duty job offer. If the supervisor cannot accommodate the injured employee in his/her own code, he/she shall immediately notify their department Light Duty Coordinator (LDC).

(2) Upon notification the LDC will immediately conduct a thorough search in the department for a possible temporary placement in keeping with the injured employee's physical limitations. If a suitable placement is found, the LDC will immediately contact the Injury Compensation Office to arrange for a formal light duty job offer for the injured employee. If a light duty assignment is not located within the injured

employee's department, the LDC will immediately contact the Injury Compensation Office and will continue to seek placement for the injured employee by contacting other LDC's within the activity.

c. Form WRE-5 (replaces Form CA-17) allows the physician to specifically indicate the physical abilities or capabilities of the employee, in order to assist the supervisor/Injury Compensation Office in order to allow appropriate light duty assignments to be made for the injured employee. In addition, the supervisor may provide the actual physical demands or position description to the physician, in order to allow the physician to make a more meaningful determination relative to the ability of the injured employee to return to full or light duty. The Form WRE-5 can be used at any time by the supervisor or the Injury Compensation Office to request information from a physician, particularly when it is regarding the employee's ability to return to work or work restrictions that the physician may have imposed. The Form WRE-5 is used most often during a period when COP is being granted.

d. Whenever an injury is reported, supervisors must ensure the employee and attending physician are made aware light duty is available. This is the case whether the employee can be accommodated in the immediate work area or not. The employee should be instructed to ask the treating physician to complete the Form WRE-5 at the conclusion of the examination and return the completed form to the supervisor or the Injury Compensation Office immediately following the examination/treatment.

e. It is the employee's responsibility to provide acceptable medical documentation if he/she is physically capable. If the employee is not physically able to return the form, the physician or medical facility should be requested to mail the completed form, along with the completed CA-16 when applicable, within 3 days. Employees cannot be paid for COP until medical certification of the disability period is received by a medical report, disability slip or Form WRE-5.

f. When an injured employee is to be detailed outside of his/her assigned code for purposes of performing temporary light duty, the salary costs of the injured employee will continue to be charged to the code to which the injured employee is permanently assigned for the duration of the detail.

g. The identification and utilization of light duty placements is critical for the success of programs to manage and control compensation related costs. The ability to accommodate employment related work restrictions must be emphasized. All employees must be aware light duty is available and everyone is expected to report for duty unless disabled for all activities. Supervisors must continuously demonstrate both the ability and commitment to accommodate light duty assignments by providing temporary assignments to individuals disabled for regular employment due to employment related conditions.

h. Job Related Injury versus a Non-Job Related Injury.
Light duty resulting from a job related injury/illness.

(1) Traumatic Injury - Form CA1 - Employee eligible to receive benefits under FECA. The Light Duty Program is primarily established for these cases. Placement of these employees immediately reduces cost of compensation because the activity pays COP costs directly.

(2) Occupational Disease/Illness - Form CA2 - Employee eligible for Light Duty Program placement. Supervisor should contact the Injury Compensation Office for the status of a claim prior to making light duty placements.

(3) Light duty resulting from other than work related injury/illness.

(a) Use of Light Duty Program not permitted.

(b) Supervisors should contact the Injury Compensation Office, Code N00CP35, for guidance in these situations.

17. LEAVE BUY-BACK

a. An employee may decide to take sick or annual leave, or both, to avoid interruption of income.

b. If the employee elected to take leave and a claim for compensation is subsequently approved, the employee may arrange to buy back leave used and have it reinstated to his/her account. The compensation to which the employee is entitled would pay a part of the buy-back cost (usually three-fourths if married or

with at least one dependent, or two-thirds if single with no dependent) and the employee would have to pay the balance.

c. Leave repurchase is subject to agency discretion. This instruction authorizes employees to buy-back leave only when:

(1) The employee has returned to full duty to the position description held at the time of injury; and

(2) The employee is employed in the same serviced activity code where the injury occurred at the time leave buy-back is requested; and

(3) The employee must apply for leave buy-back no later than six months from the date of returning to fully duty.

d. Upon receipt of OWCP letter CA-1207, authorizing leave buy-back, the employee will complete items 1 through 4 of the Form EN-1207 (attached to the Form CA-1207), and forward it to the Injury Compensation Office for processing with appropriate payroll office and subsequent forwarding to OWCP.

e. The Injury Compensation Office will assist employee in preparing necessary forms for leave buy-back.

18. SCHEDULED AWARDS

a. Payment

(1) Compensation is provided for specified periods of time for the permanent loss, or loss of use of, certain parts and functions of the body.

(2) The compensation for scheduled awards equals 66 2/3% of the employee's pay when there are no dependents and 75% of his/her pay if married or with at least one dependent.

(3) If an employee dies during the course of a scheduled award from causes unrelated to the compensable injury, his/her dependents are entitled to the balance of the award at the rate of 66 2/3%.

(4) Scheduled awards can be paid if the employee returns to work (receives salary) or if retired (receives annuity) from

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the Office of Personnel Management (OPM). Employees may not, however, receive wage loss compensation (LWEC) and scheduled award benefits at the same time.

(5) If an injury is so severe that the employee is unable to care for his/her physical needs, an attendant's allowance of up to \$1,500 per month may be paid in addition to compensation for loss wages. The attendant's allowance cannot be paid for housekeeping services.

(6) An employee, whose injury severely restricts mobility and independence in normal functions of living, either permanently or for prolonged period, may be entitled to house or vehicle modifications.

b. Disfigurement

(1) In cases where the employee suffers an injury to the face, neck or head, and disfigurement results, the FECA provides for payment of an award of compensation not to exceed \$3,500, if the disfigurement will likely prove to be a handicap in securing or maintaining employment.

c. Partial Disability

(1) After the scheduled award expires, an injured employee may receive compensation computed on loss of wage-earning capacity when unable to return to usual employment because of partial disability as a result of the injury.

(2) Compensation will be paid so long as there is a loss of wage-earning capacity, as determined by OWCP.

d. Permanent Total Disability: When the injury causes permanent total disability, an injured employee is entitled to compensation until death, unless medically or vocationally rehabilitated.

19. TERMINATION OF COMPENSATION

a. When an employee returns to duty or disability ceases, his/her supervisor shall immediately report that information to the Injury Compensation Office. The Injury Compensation Office shall complete a Form CA-3, and submit it along with the daily

work and leave breakdown information and appropriate medical documentation, to OWCP.

b. If the employee is receiving disability compensation, the Injury Compensation Office shall immediately telephone OWCP when the employee returns to work to prevent overpayment to the employee. The telephone call will then be confirmed with a completed Form CA-3 to OWCP.

20. RECURRENCE OF DISABILITY. Traumatic Injury:

a. If the job-related injury causes additional work stoppage after return to duty, and the initial claim has been approved by OWCP, a Form CA-2a, must be sent to the Injury Compensation Office immediately. The supervisor is responsible for completing part A of the form, the Injury Compensation Office is responsible for part B and the employee is responsible for part C. In addition, the employee must submit an application for leave, Form SF-71, to the supervisor indicating whether he/she wishes COP, compensation or leave for the absence.

b. If the recurrence occurs during a 45 day period beginning from the date the employee first returned to work following the initial disability, and he/she elects to use any remaining unused days of the initial 45 day period, the supervisor shall approve COP. The Injury Compensation Office will determine and advise whether or not the employee is still eligible for COP.

c. If the 45 day COP entitlement period has been exhausted, or 45 days have elapsed since the employee first returned to work he/she is not eligible for COP even if some of the initial 45 days remain "unused." He/she should file a claim for any wage loss on the appropriate Form CA-7 or Form CA-8.

d. Upon the employee's return to duty, the supervisor must immediately notify the Injury Compensation Office. Injury Compensation Office must immediately notify the OWCP District Office by telephone, to prevent overpayment to the employee.

21. RETURN TO DUTY

a. When, in the opinion of the attending physician, an injured employee has recovered sufficiently to resume normal

duties; he/she will be evaluated by the Occupational Health Unit before returning to duty. It is mandatory that all persons returning to work from an on-the-job injury receive clearance from the Occupational Health Unit.

b. Once approved to return to duty by the Occupational Health Unit, the employee shall report to his immediate supervisor and provide the medical release from their treating physician, if applicable, and the Occupational Health Unit. The supervisor will immediately telephone the Injury Compensation Office and forward a copy of all medical documentation to that office as quickly as possible.

c. The injury Compensation Office will telephone OWCP immediately when the employee returns to work. The telephone call will be confirmed via a completed Form CA-3 to OWCP.

22. DEATH CLAIMS

a. Report of Death

(1) When an employee dies because of an injury incurred while in the performance of duty, or because of an employment related disease or illness, the Injury Compensation Office will immediately notify OWCP.

(2) The Injury Compensation Office will report the death on Form, CA-6. This form, together with a certified copy of the death certificate and any medical documentation, will be sent by the Injury Compensation Office to OWCP.

b. Death Benefits: The survivors of a Federal employee whose death is causally related to employment are entitled to benefits in the form of compensation payments, funeral expense, transportation expenses for the remains, if necessary, and payment for termination of the deceased's status as a Federal employee. Specific entitlement will be provided to the survivor of the deceased employee or their representative, by the Human Resources Department (HRD).

c. Funeral And Burial Expenses: Up to \$800 will be paid for funeral and burial expenses. If the employee dies away from his/her area of residence, the cost of

transporting the body to the place of burial will be paid in full. Itemized funeral bills should be submitted to OWCP for consideration of payment or reimbursement. In addition \$200 allowance will be paid in consideration of the expense of termination the deceased's status as a Federal employee.

d. Claim For Compensation for Death

(1) Upon receipt of notice of death, the Injury Compensation Office will obtain and forward the following to survivor(s) and, as practicable, assist in the preparation of the claim(s).

(a) Claim for Compensation be Widow, Widower and/or Children, Form CA-5.

(b) Claim for Compensation be Parents, Brothers, Sisters, Grandparents or Grandchildren, Form CA-5b.

(2) The attending physician should complete the medical report on the reverse side of the form(s).

(3) The completed form(s) should then be sent promptly to the Injury Compensation Office for transmittal to OWCP.

23. RETURN-TO-WORK PROGRAM - Since FECA is not a retirement system, those in receipt of benefits are expected to return to gainful employment when medically able. In an effort to assist claimants in this regard, the Injury Compensation Office will:

a. Maintain contact with claimants who are in receipt of compensation to identify those capable of returning to work.

b. Initiate efforts to re-employ recovered or recovering employees as soon as the medical evidence indicates that this is possible. Offer re-employment when applicable.

c. Notify the appropriate department with the name, date of entrance on duty, code, and physical restrictions for each person returning from periodic rolls.

d. Provide assistance to the LDC for proper placement and suggestions for re-training and job rotation to those who return-to-work following an extended disability.

24. FORMS

a. The forms listed below are available from the Injury Compensation Office. The forms may also be reproduced as long as the original color of the forms is used. Forms should be maintained by each supervisor in the immediate work area and available at all times.

CA-1 (white), revision January 1997
Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

CA-2 (yellow), revision January 1997
Federal Employee's Notice of Occupational Disease and Claim for Compensation

CA-2a (white), revision April 1993
Federal Employee's Notice of Recurrence of Disability and Claim for Continuation of Pay/Compensation

CA-3 (yellow), revision June 1988
Report of Termination of Disability and/or Payment

CA-5 (white), revision January 1997
Claim for Compensation by Widow, Widower, and/or Children

CA-5b (white), revision January 1997
Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren

CA-6 (blue), revision January 1997
Official Superior's Report on Employee's Death

CA-7 (pink), revision January 1997
Claim for Compensation on Account of Traumatic Injury or Occupational Disease

CA-8 (orange), revision June 1990
Claim for Compensation on Account of Disability

CA-10 (yellow), revision August 1987
What a Federal Employee Should Do When Injured at Work (NOTE: Should be posted on Official Bulletin Boards and throughout the worksite)

CA-16 (white), revision October 1988
Authorization for Examination and/or Treatment

CA-20 (pink), revision January 1997
Attending Physician's Report

WRE-5 (white), revision March 1998
Work Restriction Evaluation (replaces CA-17)